

EAGLE RIVER HEALTH CARE CENTER, INC.

357 RIVER STREET, P. O. BOX 1149

EAGLE RIVER 54521 Phone: (715) 479-7464

Operated from 1/1 To 12/31 Days of Operation: 365

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/02): 59

Total Licensed Bed Capacity (12/31/02): 91

Number of Residents on 12/31/02: 17

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified?

Title 19 (Medicaid) Certified?

Average Daily Census:

Corporation

Skilled

No

No

Yes

45

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/02)				Length of Stay (12/31/02)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	.	
Supp. Home Care-Personal Care	No	-----		-----		1 - 4 Years	.	
Supp. Home Care-Household Services	No	Developmental Disabilities	.	Under 65	0.0	More Than 4 Years	.	
Day Services	No	Mental Illness (Org./Psy)	.	65 - 74	5.9		-----	
Respite Care	Yes	Mental Illness (Other)	.	75 - 84	35.3		.	
Adult Day Care	Yes	Alcohol & Other Drug Abuse	.	85 - 94	35.3	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	.	95 & Over	23.5	Full-Time Equivalent		
Congregate Meals	No	Cancer	.		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	.		100.0	(12/31/02)		
Other Meals	Yes	Cardiovascular	.	65 & Over	100.0	-----		
Transportation	No	Cerebrovascular	.	-----		RNs	31.9	
Referral Service	No	Diabetes	.	Sex	%	LPNs	9.3	
Other Services	No	Respiratory	.	-----		Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions		Male	29.4	Aides, & Orderlies	80.9	
Mentally Ill	No		-----	Female	70.6			
Provide Day Programming for			.		-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

			Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care		
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	0	0.0	0	0	100.0	0	0	0.0	0	0	100.0	0	0	0.0	0	0	0.0	0	17	100.0
Intermediate	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		14	100.0		0	0.0		3	100.0		0	0.0		0	0.0		17	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02							

Percent Admissions from:		Activities of		% Needing		% Totally		Total	
		Daily Living (ADL)		Assistance of		Dependent		Number of	
				One Or Two Staff				Residents	
Private Home/No Home Health	33.3	Bathing	.	.	.	.	.	17	
Private Home/With Home Health	0.0	Dressing	.	.	.	.	.	17	
Other Nursing Homes	14.3	Transferring	.	.	.	.	.	17	
Acute Care Hospitals	52.4	Toilet Use	.	.	.	.	.	17	
Psych. Hosp.-MR/DD Facilities	0.0	Eating	.	.	.	.	.	17	
Rehabilitation Hospitals	0.0	*****							
Other Locations	0.0								
Total Number of Admissions	21	Continence		%	Special Treatments			%	
Percent Discharges To:		Indwelling Or External Catheter		0.0	Receiving Respiratory Care			0.0	
Private Home/No Home Health	12.7	Occ/Freq. Incontinent of Bladder		0.0	Receiving Tracheostomy Care			0.0	
Private Home/With Home Health	0.0	Occ/Freq. Incontinent of Bowel		0.0	Receiving Suctioning			0.0	
Other Nursing Homes	45.5	Mobility			Receiving Ostomy Care			0.0	
Acute Care Hospitals	7.3				Receiving Tube Feeding			0.0	
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained		0.0	Receiving Mechanically Altered Diets			0.0	
Rehabilitation Hospitals	0.0								
Other Locations	0.0	Skin Care			Other Resident Characteristics				
Deaths	34.5	With Pressure Sores		0.0	Have Advance Directives			0.0	
Total Number of Discharges		With Rashes		0.0	Medications				
(Including Deaths)	55								